

Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Sample Information:
Type: Drinking Water
Origin: Distribution

Routine

www.pacelabs.com

TEL: (631) 694-3040 FAX: (631) 420-8436

Hampton Bays Water District P.O. Box 1013

Hampton Bays, NY 11946 Attn To: Supt. McCuen Federal ID: 5103704 Lab No. : 70136623001

Client Sample ID.: HB9

Collected: 07/01/2020 07:30 AM Point HB9

Received: 07/01/2020 04:30 PM Location SO. Town Highway Dept.

Collected By CLIENT Jackson Ave.

| Analytical Method: Field                          | Method                  |                     |             |                              |                    |  |                           |
|---|-------------------------|---------------------|-------------|------------------------------|--------------------|--|---------------------------|
| Parameter(s)                                      | <u>Results</u>          | Qualifier           | <u>D.F.</u> | <u>Units</u>                 | <u>Limit</u>       | Analyzed:                                | Container:                |
| Field Residual Chlorine                           | 0.42                    | N3                  | 1           | mg/L                         | 4                  | 07/01/2020 7:30 AM                       | 001 SP5T1/1               |
| Arabi di ani Mathandron 100                       |                         | Davis Mathead       | 01.100.00   |                              |                    |  |                           |
| Analytical Method: SM22                           | 9223B Collect           | <u>Prep Metnoa:</u> | SM22 92     | 23B Colilert                 | Prep Date          | © 07/01/2020 6:22 PM                     |                           |
| <u>Analytical Method:SM22</u> <u>Parameter(s)</u> | 2 9223B Collect Results | Qualifier           | D.F.        | 23B Colilert<br><u>Units</u> | Prep Date<br>Limit | : 07/01/2020 6:22 PM<br><u>Analyzed:</u> | Container:                |
|   |                         |                     |             |                              | •                  |  | Container:<br>001 SP5T1/1 |

### Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range

U - Indicates the compound was analyzed for, but not detected See qualifiers page for additional qualifier definitions. Kimberley Mack

Test results meet the requirements of NELAC unless otherwise noted.



Results for the samples and analytes requested The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Client Sample ID.: HB27

Lab No.: 70136623002

Sample Information:

Type: Drinking Water Origin: Distribution Routine

TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

**Hampton Bays Water District** 

P.O. Box 1013

Collected:

Hampton Bays, NY 11946 Attn To: Supt. McCuen Federal ID: 5103704

07/01/2020 07:45 AM Point **HB27** 

Location Suffolk Cty. Hwy. Dept. Received: 07/01/2020 04:30 PM

Collected By CLIENT North Hwy.

| Analytical Method: Field M               | lethod                           |                           |                        |                              |                                  |                                   |                           |
|--|----------------------------------|---------------------------|------------------------|------------------------------|----------------------------------|-----------------------------------|---------------------------|
| Parameter(s)                             | <u>Results</u>                   | <u>Qualifier</u>          | <u>D.F.</u>            | <u>Units</u>                 | <u>Limit</u>                     | Analyzed:                         | Container:                |
| Field Residual Chlorine                  | 0.85                             | N3                        | 1                      | mg/L                         | 4                                | 07/01/2020 7:45 AM                | 002 SP5T1/1               |
|  |                                  |                           |                        |                              |                                  |                                   |                           |
| Analytical Method: SM22 S                | 9223B Colilert                   | Prep Method:              | SM22 92                | 23B Colilert                 | Prep Date                        | : 07/01/2020 6:22 PM              |                           |
| Analytical Method:SM22 S<br>Parameter(s) | 9223B Colilert<br><u>Results</u> | Prep Method:<br>Qualifier | SM22 92<br><u>D.F.</u> | 23B Colilert<br><u>Units</u> | <u>Prep Date</u><br><u>Limit</u> | : 07/01/2020 6:22 PM<br>Analyzed: | Container:                |
| · · · · · · · · · · · · · · · · · · ·    |                                  |                           | _                      |                              | •                                |                                   | Container:<br>002 SP5T1/1 |

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Client Sample ID.: HB2

Lab No.: 70136623003

Sample Information:

Type: Drinking Water Origin: Distribution Routine

TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

**Hampton Bays Water District** 

P.O. Box 1013

Hampton Bays, NY 11946 Attn To: Supt. McCuen Federal ID: 5103704

HB2 Collected: 07/01/2020 08:00 AM Point

Received: 07/01/2020 04:30 PM Location R. Loetscher Collected By CLIENT Wakeman Rd.

| Analytical Method: Field I            | Method                 |                           |                        |                              |                                  |                                   |                           |
|---------------------------------------|------------------------|---------------------------|------------------------|------------------------------|----------------------------------|-----------------------------------|---------------------------|
| Parameter(s)                          | <u>Results</u>         | <u>Qualifier</u>          | <u>D.F.</u>            | <u>Units</u>                 | <u>Limit</u>                     | Analyzed:                         | Container:                |
| Field Residual Chlorine               | 0.84                   | N3                        | 1                      | mg/L                         | 4                                | 07/01/2020 8:00 AM                | 003 SP5T1/1               |
|                                       |                        |                           |                        |                              |                                  |                                   |                           |
| Analytical Method:SM22                | 9223B Colilert         | Prep Method:              | SM22 92                | 23B Colilert                 | Prep Date                        | ⊆ 07/01/2020 6:22 PM              |                           |
| Analytical Method:SM22 Parameter(s)   | 9223B Colilert Results | Prep Method:<br>Qualifier | SM22 92<br><u>D.F.</u> | 23B Colilert<br><u>Units</u> | <u>Prep Date</u><br><u>Limit</u> | 2 07/01/2020 6:22 PM<br>Analyzed: | Container:                |
| · · · · · · · · · · · · · · · · · · · |                        |                           | _                      |                              | •                                |                                   | Container:<br>003 SP5T1/1 |

### Qualifiers:

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Test results meet the requirements of NELAC unless otherwise noted.



Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Client Sample ID.: HB3

Lab No.: 70136623004

Sample Information:

Type: Drinking Water
Origin: Distribution
Routine

**Hampton Bays Water District** 

P.O. Box 1013

**Hampton Bays, NY 11946 Attn To:** Supt. McCuen
Federal ID: 5103704

Collected: 07/01/2020 08:15 AM Point HB3

Received: 07/01/2020 04:30 PM Location U.S.C.G.

Collected By CLIENT Foster Ave.

| Analytical Method: EPA 35 | 53.2           |                  |             |              |              |                      |             |
|---------------------------|----------------|------------------|-------------|--------------|--------------|----------------------|-------------|
| Parameter(s)              | <u>Results</u> | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:            | Container:  |
| Nitrate as N              | 3.5            |                  | 10          | mg/L         | 10           | 07/01/2020 11:47     | 004 BP4U1/1 |
| Nitrate-Nitrite (as N)    | 3.5            |                  | 10          | mg/L         |              | 07/01/2020 11:47     | 004 BP4U1/1 |
| Analytical Method: EPA 35 | 53.2           |                  |             |              |              |                      |             |
| Parameter(s)              | <u>Results</u> | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:            | Container:  |
| Nitrite as N              | <0.050         |                  | 1           | mg/L         | 1            | 07/01/2020 9:48 PM   | 004 BP4U1/1 |
| Analytical Method:Field M | ethod          |                  |             |              |              |                      |             |
| Parameter(s)              | <u>Results</u> | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:            | Container:  |
| Field Residual Chlorine   | 0.40           | N3               | 1           | mg/L         | 4            | 07/01/2020 8:15 AM   | 004 SP5T1/1 |
| Analytical Method: SM22 S | 9223B Colilert | Prep Method:     | SM22 922    | 23B Colilert | Prep Date    | £ 07/01/2020 6:22 PM |             |
| Parameter(s)              | <u>Results</u> | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:            | Container:  |
| E.coli                    | Absent         |                  | 1           |              | Absent       | 07/02/2020 12:22     | 004 SP5T1/1 |
| Total Coliforms           | Absent         |                  | 1           |              | Absent       | 07/02/2020 12:22     | 004 SP5T1/1 |

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U - Indicates the compound was analyzed for, but not detected See qualifiers page for additional qualifier definitions. Kimberley Mack

Test results meet the requirements of NELAC unless otherwise noted.



Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Client Sample ID.: HB4

Lab No.: 70136623005

Sample Information:

Type: Drinking Water
Origin: Distribution
Routine

**Hampton Bays Water District** 

P.O. Box 1013

**Hampton Bays, NY 11946 Attn To:** Supt. McCuen
Federal ID: 5103704

Collected: 07/01/2020 08:35 AM Point HB4

Received: 07/01/2020 04:30 PM Location H.B. Elem School Collected By CLIENT Ponquogue Ave.

| Analytical Method:Field               | Method                    |                           |                        |                              |                                  |                                    |                                  |
|---------------------------------------|---------------------------|---------------------------|------------------------|------------------------------|----------------------------------|------------------------------------|----------------------------------|
| Parameter(s)                          | <u>Results</u>            | <u>Qualifier</u>          | <u>D.F.</u>            | <u>Units</u>                 | <u>Limit</u>                     | Analyzed:                          | Container:                       |
| Field Residual Chlorine               | 0.57                      | N3                        | 1                      | mg/L                         | 4                                | 07/01/2020 8:35 AM                 | 005 SP5T1/1                      |
|                                       |                           |                           |                        |                              |                                  |                                    |                                  |
| Analytical Method:SM22                | 9223B Colilert            | Prep Method:              | SM22 92                | 23B Colilert                 | Prep Date                        | <u>:</u> 07/01/2020 6:22 PM        |                                  |
| Analytical Method:SM22 Parameter(s)   | 9223B Colilert<br>Results | Prep Method:<br>Qualifier | SM22 92<br><u>D.F.</u> | 23B Colilert<br><u>Units</u> | <u>Prep Date</u><br><u>Limit</u> | 2: 07/01/2020 6:22 PM<br>Analyzed: | Container:                       |
| · · · · · · · · · · · · · · · · · · · |                           |                           |                        |                              | •                                |                                    | <u>Container:</u><br>005 SP5T1/1 |

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Test results meet the requirements of NELAC unless otherwise noted.



Results for the samples and analytes requested The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Client Sample ID.: HB5

Lab No.: 70136623006

Sample Information:

Type: Drinking Water Origin: Distribution Routine

TEL: (631) 694-3040 FAX: (631) 420-8436

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**Hampton Bays Water District** 

P.O. Box 1013

Collected:

Hampton Bays, NY 11946 Attn To: Supt. McCuen Federal ID: 5103704

07/01/2020 08:50 AM Point HB5

Location H.B. High School Received: 07/01/2020 04:30 PM Collected By CLIENT Argonne Rd.

| Analytical Method:Field M             | Vethod                    |                           |                        |                              |                    |                                    |                           |
|---------------------------------------|---------------------------|---------------------------|------------------------|------------------------------|--------------------|------------------------------------|---------------------------|
| Parameter(s)                          | Results                   | Qualifier                 | D.F.                   | <u>Units</u>                 | <u>Limit</u>       | Analyzed:                          | Container:                |
| Field Residual Chlorine               | 0.49                      | N3                        | 1                      | mg/L                         | 4                  | 07/01/2020 8:50 AM                 | 006 SP5T1/1               |
|                                       |                           |                           |                        |                              |                    |                                    |                           |
| Analytical Method:SM22                | 9223B Colilert            | Prep Method:              | SM22 92                | 23B Colilert                 | Prep Date          | 2: 07/01/2020 6:22 PM              |                           |
| Analytical Method:SM22 Parameter(s)   | 9223B Colilert<br>Results | Prep Method:<br>Qualifier | SM22 92<br><u>D.F.</u> | 23B Colilert<br><u>Units</u> | Prep Date<br>Limit | e: 07/01/2020 6:22 PM<br>Analyzed: | Container:                |
| · · · · · · · · · · · · · · · · · · · |                           |                           |                        |                              | •                  |                                    | Container:<br>006 SP5T1/1 |

### Qualifiers:

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Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Sample Information:

Type: Drinking Water
Origin: Distribution
Routine

**Hampton Bays Water District** 

TEL: (631) 694-3040 FAX: (631) 420-8436

P.O. Box 1013

Received:

Hampton Bays, NY 11946 Attn To: Supt. McCuen Lab No. : 70136623007

Client Sample ID.: HB6

Federal ID: 5103704 Collected: 07/01/2020

07/01/2020 09:15 AM Point HB6 07/01/2020 04:30 PM Location Strong Oil

Collected By CLIENT Montauk Hwy. East

www.pacelabs.com

| Analytical Method: Field M            | /lethod                          |                           |                        |                              |                    |                                   |                                  |
|---------------------------------------|----------------------------------|---------------------------|------------------------|------------------------------|--------------------|-----------------------------------|----------------------------------|
| Parameter(s)                          | <u>Results</u>                   | <u>Qualifier</u>          | <u>D.F.</u>            | <u>Units</u>                 | <u>Limit</u>       | Analyzed:                         | Container:                       |
| Field Residual Chlorine               | 0.78                             | N3                        | 1                      | mg/L                         | 4                  | 07/01/2020 9:15 AM                | 007 SP5T1/1                      |
|                                       |                                  |                           |                        |                              |                    |                                   |                                  |
| Analytical Method:SM22                | 9223B Colilert                   | Prep Method:              | SM22 92                | 23B Colilert                 | Prep Date          | : 07/01/2020 6:22 PM              |                                  |
| Analytical Method:SM22                | 9223B Colilert<br><u>Results</u> | Prep Method:<br>Qualifier | SM22 92<br><u>D.F.</u> | 23B Colilert<br><u>Units</u> | Prep Date<br>Limit | : 07/01/2020 6:22 PM<br>Analyzed: | Container:                       |
| · · · · · · · · · · · · · · · · · · · |                                  | •                         |                        |                              | <del></del>        |                                   | <u>Container:</u><br>007 SP5T1/1 |

### Qualifiers:

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Client Sample ID.: HB7

Lab No.: 70136623008

Sample Information: Type: Drinking Water Origin: Distribution

Routine

TEL: (631) 694-3040 FAX: (631) 420-8436

www.pacelabs.com

**Hampton Bays Water District** 

P.O. Box 1013

Hampton Bays, NY 11946 Attn To: Supt. McCuen

Federal ID: 5103704 Collected:

Received: 07/01/2020 04:30 PM

07/01/2020 09:30 AM Point

Collected By CLIENT

HB7 Location SO. Town Parks & Rec.

| Analytical Method: Field M | ethod             |                  |             |              |                        |                            |                           |
|----------------------------|-------------------|------------------|-------------|--------------|------------------------|----------------------------|---------------------------|
| Parameter(s)               | Results           | Qualifier        | <u>D.F.</u> | <u>Units</u> | <u>Limit</u>           | Analyzed:                  | Container:                |
| Field Residual Chlorine    | 0.84              | N3               | 1           | mg/L         | 4                      | 07/01/2020 9:30 AM         | 008 SP5T1/1               |
| Analytical Method:SM22 9   | 223B Colilert     | Prep Method:     | SM22 92     | 23B Colilert | Prep Date              | ∴ 07/01/2020 6:22 PM       |                           |
|                            |                   |                  |             |              |                        |                            |                           |
| Parameter(s)               | <u>Results</u>    | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u>           | Analyzed:                  | Container:                |
| Parameter(s)  E.coli       | Results<br>Absent | Qualifier        | <u>D.F.</u> | <u>Units</u> | <u>Limit</u><br>Absent | Analyzed: 07/02/2020 12:22 | Container:<br>008 SP5T1/1 |

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### Qualifiers:

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> Result(s) reported meet(s) NYS Regulatory Limit(s). Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit Noted.



Test results meet the requirements of NELAC unless otherwise noted.



Results for the samples and analytes requested

The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Sample Information:

Type: Drinking Water
Origin: Distribution
Routine

**Hampton Bays Water District** 

P.O. Box 1013

**Hampton Bays, NY 11946 Attn To:** Supt. McCuen
Federal ID: 5103704

Lab No. : 70136623009

Client Sample ID.: HB8

Collected: 07/01/2020 09:45 AM Point HB8

Received: 07/01/2020 04:30 PM Location B. McCormack Collected By CLIENT Bittersweet Ave.

| Analytical Method:EPA 3 | 353.2            |                  |             |              |              |                       |             |
|-------------------------|------------------|------------------|-------------|--------------|--------------|-----------------------|-------------|
| Parameter(s)            | <u>Results</u>   | <u>Qualifier</u> | <u>D.F.</u> | <u>Units</u> | <u>Limit</u> | Analyzed:             | Container:  |
| Nitrate as N            | 3.3              |                  | 10          | mg/L         | 10           | 07/01/2020 11:58      | 009 BP4U1/1 |
| Nitrate-Nitrite (as N)  | 3.3              |                  | 10          | mg/L         |              | 07/01/2020 11:58      | 009 BP4U1/1 |
| Analytical Method:EPA 3 | 353.2            |                  |             |              |              |                       |             |
| Parameter(s)            | <u>Results</u>   | <u>Qualifier</u> | D.F.        | <u>Units</u> | <u>Limit</u> | Analyzed:             | Container:  |
| Nitrite as N            | <0.050           |                  | 1           | mg/L         | 1            | 07/01/2020 9:50 PM    | 009 BP4U1/1 |
| Analytical Method:Field | Method           |                  |             |              |              |                       |             |
| Parameter(s)            | <u>Results</u>   | <u>Qualifier</u> | D.F.        | <u>Units</u> | <u>Limit</u> | Analyzed:             | Container:  |
| Field Residual Chlorine | 0.98             | N3               | 1           | mg/L         | 4            | 07/01/2020 9:45 AM    | 009 SP5T1/1 |
| Analytical Method:SM22  | 2 9223B Colilert | Prep Method:     | SM22 922    | 23B Colilert | Prep Date    | 2: 07/01/2020 6:22 PM |             |
| Parameter(s)            | <u>Results</u>   | <u>Qualifier</u> | D.F.        | <u>Units</u> | <u>Limit</u> | Analyzed:             | Container   |
| E.coli                  | Absent           |                  | 1           |              | Absent       | 07/02/2020 12:22      | 009 SP5T1/1 |
| Total Coliforms         | Absent           |                  | 1           |              | Absent       | 07/02/2020 12:22      | 009 SP5T1/1 |

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Results for the samples and analytes requested The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests Sample Information:

Type: Drinking Water Origin: Distribution Routine

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 www.pacelabs.com

**Hampton Bays Water District** 

P.O. Box 1013

Collected:

Received:

Hampton Bays, NY 11946 Attn To: Supt. McCuen

Lab No.: 70136623010 Client Sample ID.: HB10

Federal ID: 5103704

> HB10 07/01/2020 10:20 AM Point 07/01/2020 04:30 PM Location Pete's Deli

Collected By CLIENT Montauk Hwy. West

| Analytical Method: Field               | Method                      |                           |                        |                              |                                  |                                    |                           |
|--|-----------------------------|---------------------------|------------------------|------------------------------|----------------------------------|------------------------------------|---------------------------|
| Parameter(s)                           | <u>Results</u>              | <u>Qualifier</u>          | <u>D.F.</u>            | <u>Units</u>                 | <u>Limit</u>                     | Analyzed:                          | Container:                |
| Field Residual Chlorine                | 0.59                        | N3                        | 1                      | mg/L                         | 4                                | 07/01/2020 10:20                   | 010 SP5T1/1               |
|  |                             |                           |                        |                              |                                  |                                    |                           |
| Analytical Method: SM22                | 2 9223B Colilert            | Prep Method:              | SM22 92                | 23B Colilert                 | Prep Date                        | 2: 07/01/2020 6:22 PM              |                           |
| Analytical Method:SM22<br>Parameter(s) | 2 9223B Colilert<br>Results | Prep Method:<br>Qualifier | SM22 92<br><u>D.F.</u> | 23B Colilert<br><u>Units</u> | <u>Prep Date</u><br><u>Limit</u> | 2: 07/01/2020 6:22 PM<br>Analyzed: | Container:                |
| •                                      |                             |                           | _                      |                              | •                                |                                    | Container:<br>010 SP5T1/1 |

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### Qualifiers:

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Sample Information: Type: Drinking Water

Origin: Distribution Routine

575 Broad Hollow Road, Melville, NY 11747 TEL: (631) 694-3040 FAX: (631) 420-8436 www.pacelabs.com

**Hampton Bays Water District** 

P.O. Box 1013

Hampton Bays, NY 11946 Attn To: Supt. McCuen

Lab No.: 70136623011

Client Sample ID.: HB11

Federal ID: 5103704 Collected:

HB11 07/01/2020 10:00 AM Point

Location Riverhead Building Supply Received: 07/01/2020 04:30 PM Collected By CLIENT

Montauk Hwy. West

| Analytical Method:Field                 | Method                  |                  |                        |                              |                                  |                                   |                           |
|---|-------------------------|------------------|------------------------|------------------------------|----------------------------------|-----------------------------------|---------------------------|
| Parameter(s)                            | Results                 | Qualifier        | <u>D.F.</u>            | <u>Units</u>                 | <u>Limit</u>                     | Analyzed:                         | Container:                |
| Field Residual Chlorine                 | 0.65                    | N3               | 1                      | mg/L                         | 4                                | 07/01/2020 10:30                  | 011 SP5T1/1               |
| A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                         | D M // /         |                        |                              |                                  |                                   |                           |
| Analytical Method:SM22                  | 9223B Colilert          | Prep Method:     | SM22 92                | 23B Colilert                 | Prep Date                        | ± 07/01/2020 6:22 PM              |                           |
| Analytical Method:SM22 Parameter(s)     | 2 9223B Collert Results | <u>Qualifier</u> | SM22 92<br><u>D.F.</u> | 23B Colilert<br><u>Units</u> | <u>Prep Date</u><br><u>Limit</u> | © 07/01/2020 6:22 PM<br>Analyzed: | Container:                |
| •                                       |                         |                  |                        |                              | •                                |                                   | Container:<br>011 SP5T1/1 |

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### Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.Estimated value - below calibration range

U - Indicates the compound was analyzed for, but not detected See qualifiers page for additional qualifier definitions.

> Result(s) reported meet(s) NYS Regulatory Limit(s). Result(s) flagged with \* Exceed NYS Regulatory Limit(s). Limit Noted.



Test results meet the requirements of NELAC unless otherwise noted.



## WorkOrder:

70136623

# **Laboratory Certifications**

### Pace Analytical Services Long Island

575 Broad Hollow Rd, Melville, NY 11747

New York Certification #: 10478 Primary Accrediting Body

New Jersey Certification #: NY158 Pennsylvania Certification #: 68-00350 Connecticut Certification #: PH-0435

Maryland Certification #: 208

Rhode Island Certification #: LAO00340 Massachusetts Certification #: M-NY026 New Hampshire Certification #: 2987

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WorkOrder : 70136623

# **Qualifiers**

 $\mbox{N3}$  - Accreditation is not offered by the relevant laboratory accrediting body for this parameter.

Date Reported: 07/08/2020 page 13 of 15



# Sample Request Form PUBLIC WATER SUPPLIER

7-1-20 Date: 大、一つ「上・「「 Collected By:

S Accepted By: -Cooler Temp:

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ACI WELL RUN TO SYSTEM

☐ NO VOC'S PRESERVED WITH HCI 

HAMPTON BAYS, NEW YORK 11946

(631) 728-0179

PO. BOX 1013

Name or Code: Client Info:

Address:

Phone #:

Attn:

HAMPTON BAYS WATER DISTRICT

Sample Types

RO - Routine RE - Resample S - Special Purpose

> PW - Potable Water GW - Groundwater

SW - Surface Water

WW - Waste Water

AQ - Aqueous

- Soil

- Resample

MW - Monitoring Well TW - Treated Well - Distribution RW - Raw Well - Influent - Tank

GAC - Granular Activated Charcoal - Nitrate Removal Plant - Iron Removal Plant AST - Air Stripper z

**Treatment Types** 

Origin

- Other

- Effluent

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Copies To:

Bill To:

Proj. # or (Name):

| L_       | Date/Time<br>Collected: | Sample | Location   | Origin                | Treatment | Purpose | Field Re | Field Readings | Analysis     | Lab No. |
|----------|-------------------------|--------|------------|-----------------------|-----------|---------|----------|----------------|--------------|---------|
| e 14 of  | 7130AM                  | 3      | b#         | <u></u>               | )         | Ro      | ري.      | 7.19           | BAET W/el    | 001     |
|          | 7:45AM                  | 3      | Han        | 0                     | ŧ         | Ro      | . 85     | 7.15           | Bet w/el     | ar      |
|          | 8:46.4th                | 3      | £#         | ۵                     | 3         | Ro      | 44       | 7.23           | BACT W/el    | CB?     |
|          | 8:15AV                  | P.     | #3         | ٥                     | 5         | B       | ٥4 °     | 7.15           | Berwler, NN  | mo      |
|          | 7:35 AM                 | Pw     | h#         | 6                     | ì         | GS .    | ,57      | 7,15           | Beer Well    | 500     |
|          | 8:50Am                  | Pw     | $S_{\mu}$  | 0                     | )         | Ro      | 64.      | 7.16           | Bor w/ce     | 993     |
|          | 9:15mm                  | Pe     | $g_{\mu}$  | Д                     | 3         | Ç       | .78      | 7.17           | Bacr Wel     | 400     |
| 1        | 9:30AM                  | B      | <i>b</i> ≠ | ۵                     | ĺ         | Ro      | 700.     | 7.33           | Back Well    | 600     |
| ,        | 9:45am                  | Pw     | 8#         | Δ                     | 1         | Ro      | ()o      | 7.12           | Bactwler, WM | Oca     |
| <u> </u> | 05-1-6                  | 3      | 0/4        | ۵                     | )         | Ro      | ,59      | 7,13           | Bes well     | 010     |
|          | 10.00.Am<br>7-1-7       | B      | 114        | <b>\( \sqrt{1} \)</b> |           | Ro      | ,65      | 7.27           | Bar Wee      | 001     |
|          | Remarks:                |        |            |                       |           |         |          |                |              |         |

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Sample Condition Upon Rec W0#:70136623

| THE DESCRIPTION OF THE PROPERTY OF THE PROPERT |   |                                |           |                     |                                 |   |
|--|---|--------------------------------|-----------|---------------------|---------------------------------|---|
|  | Clien                                   | t Name:                        | 0         | Proje               | PM: KMM                         | Due Date: 07/31/2                                     |
|  |   | 141                            | Ew        |                     | CLIENT: HBW                     |   |
| Courier: Fed Ex UPS USPS Clie  | nt Con                                  | nmercial Pac                   | e Dth     | ег                  |                                 |   |
|  |   | F2_T0                          |           |                     |                                 |   |
| Tracking #: Custody Seal on Cooler/Box Present: Yes  | s $\square$ No                          | Seals in                       | ntact:    | Yes ☐ No            | Temperature Blan                | k Present: Yes No                                     |
| •  |   |                                |           |                     | Type of Ice: Wel                |   |
| Packing Material: ☐Bubble Wrap ☐Bubble   |   |                                | _Joiner   | 1//                 |                                 |   |
| Thermometer Used: (TH091)  |   | ection Factor:                 | 70        | 1/901               |                                 | oling process has begun                               |
| Cooler Temperature (°C): 4. 9  | - Coole                                 | r Temperature                  | Correcti  | ed (°C):            | Date/Time 5035A                 | kits placed in freezer                                |
| Temp should be above freezing to 6.0°C   |   |                                |           |                     |                                 | 1/1/11  |
| USDA Regulated Soil ( N/A, water sample  |   |                                |           |                     | s of person examining o         |   |
| Did samples originate in a quarantine zone within the NM, NY, OK, OR, SC, TN, TX, or VA (check map)?   |   | ites: AL, AR, CA, F<br>ES 🗌 NO | L, GA, ID | ), LA, MS, NC,      | , ,                             | from a foreign source (internationally, Puerto Rico)? |
| If Yes to either question, f   |   |                                | Checkli   | st (F-LI-C-010) and | _                               | . — —   |
| ,  |   |                                |           |                     | COMMENT                         |   |
| Chain of Custody Present:  | (Z)Yes                                  | □No                            |           | 1.                  |                                 |   |
| Chain of Custody Filled Out:   | Yes                                     | □No                            |           | 2.                  |                                 |   |
| Chain of Custody Relinquished:   | Yes                                     | □No                            |           | 3.                  |                                 |   |
| Sampler Name & Signature on COC:   | Yes                                     | □No                            | □N/A      | 4.                  |                                 |   |
| Samples Arrived within Hold Time:  | Yes                                     | □No                            |           | 5.                  |                                 |   |
| Short Hold Time Analysis (<72hr):  | Yes                                     | □No                            |           | 6.                  |                                 |   |
| Rush Turn Around Time Requested:   | □Yes                                    |                                |           | 7.                  |                                 |   |
| Sufficient Volume: (Triple volume provided for MS/MS   |   | □No                            |           | 8.                  |                                 |   |
| Correct Containers Used:   | Yes                                     | □No                            |           | 9.                  |                                 |   |
| -Pace Containers Used:   | Yes                                     | □No                            |           |                     |                                 |   |
| Containers Intact:   | Yes                                     | □No                            |           | 10.                 |                                 |   |
| Filtered volume received for Dissolved tests   | □Yes                                    | □No                            | □MA       |                     | ediment is visible in the disso | lved container.                                       |
| Sample Labels match COC:   | Yes                                     | □No                            | /         | 12.                 |                                 |   |
| -Includes date/time/ID/Analysis Matrix S   | M) OIL                                  |                                |           |                     |                                 |   |
| All containers needing preservation have been checken  |   | □No                            | IBN/A     | 13. □ HNC           | D <sub>3</sub> □ H₂SO₄ □ Na     | OH ☐ HCI  |
| pH paper Lot#  | L 1 C3                                  |                                | 10000     |                     |                                 |   |
| All containers needing preservation are found to be in   |   |                                |           | Sample #            |                                 |   |
| compliance with EPA recommendation?  |   |                                | 1         |                     |                                 |   |
| (HNO₃, H₂SO₄, HCI, NaOH>9 Sulfide,<br>NAOH>12 Cyanide)   | □Yes                                    | □No                            | LINIA     |                     |                                 |   |
| Exceptions: VOA, Coliform, TOC/DOC, Oil and Greas  | se,                                     |                                |           | Initial when compl  | atad: I hat the findded process | vative: Date/Time preservative added                  |
| DRO/8015 (water).<br>Per Method, VOA pH is checked after analysis  |   |                                |           | miliar when compi   | eted. Lot # of added preser     | valive. Date/Time preservative added                  |
| Samples checked for dechlorination:  | □Yes                                    | □No                            | □N/A      | 14.                 |                                 |   |
| KI starch test strips Lot #  | _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                | $\Gamma$  |                     |                                 |   |
| Residual chlorine strips Lot #   |   |                                |           | Positive            | for Res. Chlorine? Y N          |   |
| Headspace in VOA Vials ( >6mm):  | □Yes                                    | □No                            | □/N/A     | 15,                 |                                 |   |
| Trip Blank Present:  | □Yes                                    | □No                            | DNA       | 16.                 |                                 |   |
| Trip Blank Custody Seals Present   | □Yes                                    | □No                            | DINA      |                     |                                 |   |
| Pace Trip Blank Lot # (if applicable):   |   |                                | 1         |                     |                                 |   |
| Client Notification/ Resolution:   |   |                                |           | Field Data Requi    | ired? Y /                       | N   |
| Person Contacted:  |   |                                |           | Date/T              | īme:                            |   |
| Comments/ Resolution:  |   |                                |           |                     |                                 |   |
|  |   |                                |           |                     |                                 |   |
|  |   |                                |           |                     |                                 |   |
|  |   |                                |           |                     |                                 |   |

<sup>\*</sup> PM (Project Manager) review is documented electronically in LIMS.